

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006253

FILED
Apr 25, 2006
Secretary of State

Entity Name: BREVARD EXPO FAIR, INC.

Current Principal Place of Business:

500 FRIDAY RD.
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

500 FRIDAY RD.
COCOA, FL 32926

New Mailing Address:

FEI Number: 59-3535090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MALONE, GILES A
500 FRIDAY RD.
COCOA, FL 32926 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: MALONE, GILES
Address: 2330 SYKES CREEK DR.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TVP () Delete
Name: STOTTLER, RICHARD H
Address: 1102 S. BREVARD AVE.
City-St-Zip: COCOA, FL 32931

Title: TST () Delete
Name: DEEVERS, JUDY
Address: 8809 LIVE OAK CT.
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILES MALONE

TP

04/25/2006

Electronic Signature of Signing Officer or Director

Date